



SKYLOFT

SKYLOFT CREDIT CARD AUTHORIZATION

Event Information

Restaurant Location: _____

On-Site Contact: _____

Date of Event: _____ Guest Count: _____ Start Time: _____

Contact Information

Print Name _____

Phone Number _____

Email address _____

Cardholder understands that this deposit holds their reservation date for _____.

If they do not cancel their reservation 48 hours prior to _____,
their deposit will be forfeited and not refunded.

I _____, authorize _____ to charge my card

Card Type (Circle): Visa / MC / Amex

Amount _____

Date _____

Credit Card Billing Address

Cardholder Name (Print) _____

Cardholder signature _____

Billing Address _____

City/ State/Zip Code _____

Credit Card Number _____

Exp. Date _____

Security Code _____

Skyloft Authorization for Credit Card Payment Fax Only to:

949-715-1073